UAS Program Participant Form

Name of firm or company:_____

Contact details:

Mail address:_____
Phone_____
Email address_____
URL_____

Business type_____

Areas of expertise (please indicate subcontracted activities):_____

_____

_____

_____

_____

Scope of activities in the required area_____

Locations of operation (please indicate the activities carried out at each location – city, canton)_____

_____

Please describe some example products_____

_____

Formal qualifications_____

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